



# **The Hospital Incident Command System**

## **A New and Improved Version Coming to Your Hospital**

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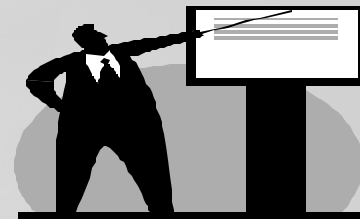
# A Word From Our Sponsor



**Jeff Rubin**  
**Chief, Disaster Services**  
**California Emergency Medical Services Authority**

# Today's Objectives

- Describe the origin of HEICS
- Describe the HICS process
- Update you on the pending changes to HEICS III
- Identify issues related to HICS implementation and training for hospitals



# Just Out of Curiosity!!!!

- How many of you use HEICS III?
- What do you like best about it?
- What do you like least?
- For those who don't use it.....why not?





# Some Critical Considerations

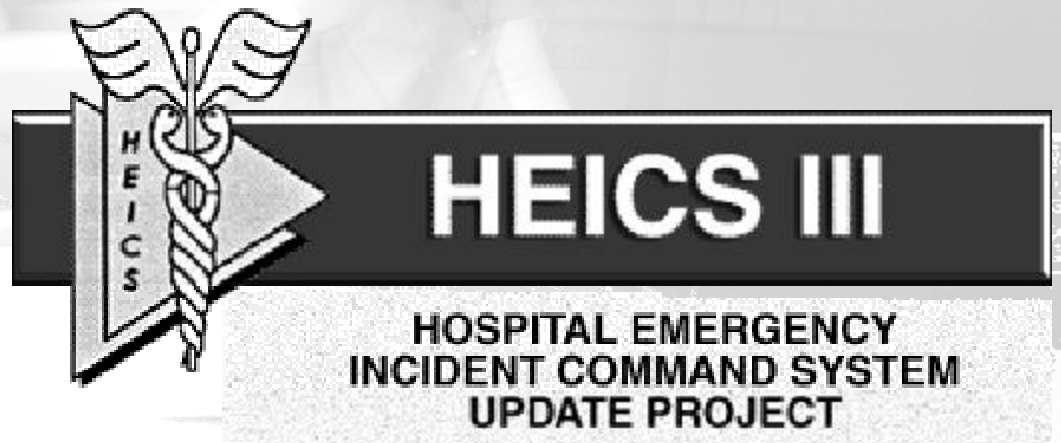
- We have tried to operate with a sense of process integrity that took into account everyone should get the final product material at the same time ..... not some ahead of others
- Those involved looked at relative issues and reached decisions through consensus while considering regulatory, practical and financial considerations
- End result is intended to be a “package” that is helpful for advancing hospital emergency preparedness regardless of size or type

# We Won't Tell You Everything Today!!!!

- The work is on-going and not everything has been done
- NIMS compliance guidance has not been finalized
- Will not show you the charts, JAS, forms, Implementation Manual and educational aids

# Brief History on HEICS

- 1980's – Firescope – fire service adaptation
- 1987- Hospital Council of Northern California adapts ICS to hospitals
- 1991- HEICS I
- 1992/93- 2<sup>nd</sup> edition
- 1998- 3<sup>rd</sup> edition
- 2006- HICS



# WHY HEICS?

- Core of a crisis management system using an all hazards approach
- Flexible organizational chart
- Standardized job descriptions
- Predictable chain of command
- Common language



*“A functional and flexible  
organizational structure that works”*

# Basic Structure of HEICS

- Current structure of HEICS has 49 positions
  - Incident Commander
  - Section Chiefs (4)
  - Directors (4)
  - Supervisors (2)
  - Unit Leaders (31)
  - Officers (7)



# Job Action Sheets

- Found for each command position
- Standardized format
  - Title
  - Reports to
  - Radio title
  - Mission
  - Task checklist
- Goes w/ a vest





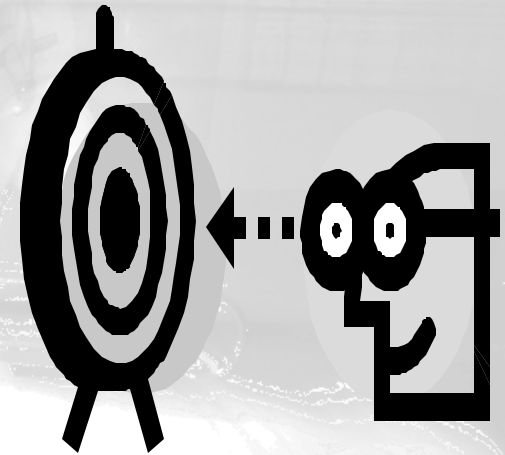
# HEICS Is More Than Vests /JAS

- Activity Logs
- Forms
- Status sheets
- Patient Tracking sheets
- Emergency Incident Message Form



# Now About HEICS IV Project

- Sponsored by California Emergency Medical Services Authority (EMSA)
  - Original sponsor
  - Using HRSA funding
  - Being done in 2 primary phases
  - Available in Fall 2006



# Project Scope



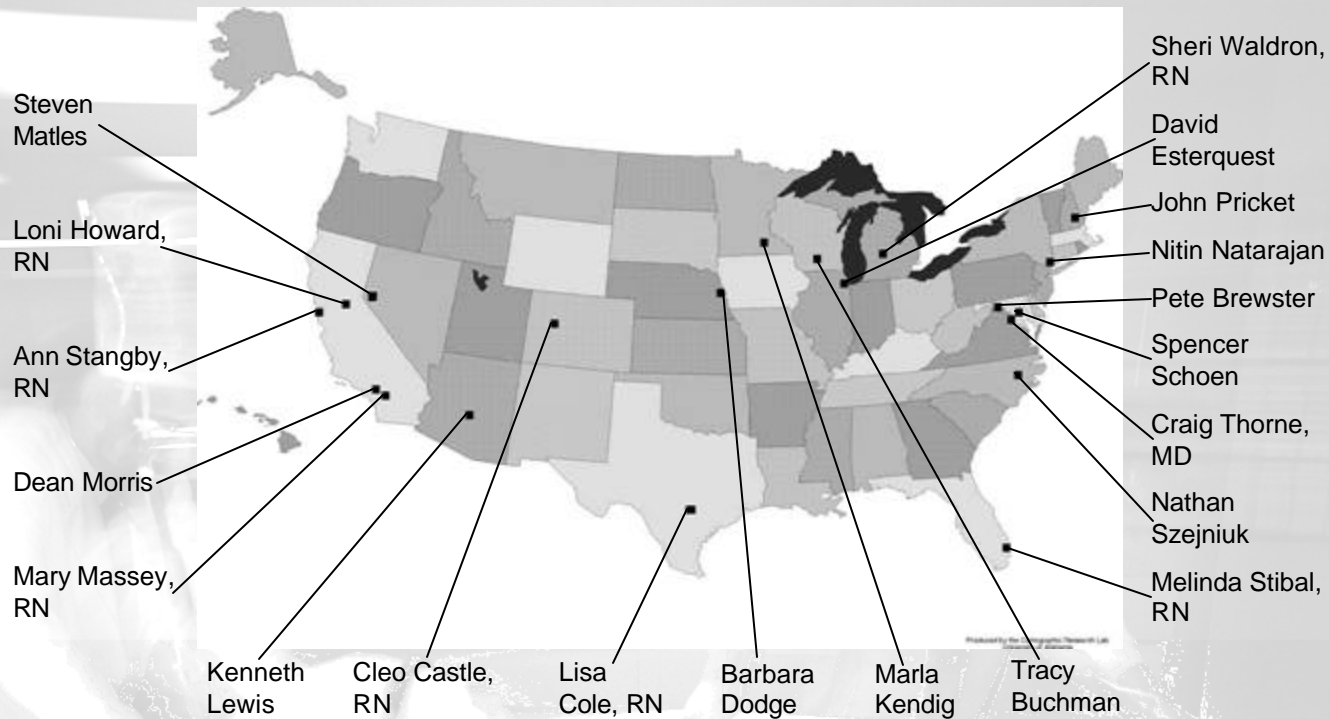
- **Review and modify HEICS III core material to include updates in emergency management practices, new threats and changes in federal emergency incident management. Includes scalable model ranging from large urban hospital to small rural healthcare facility**

# Objectives



- Provide IMS for hospital use during any type of incident
- Provide guidance on critical actions and decisions that need to be made during an untoward situation or disaster
- Improve coordination among internal and external community response agencies
- Provide key principles for providing patient care under stressful and austere conditions
- Develop tools for critical planning and response activities for specific, scenario-based events
- Maximize use of local, state, and federal resources
- Insure compliance with NIMS

# The National Work Group



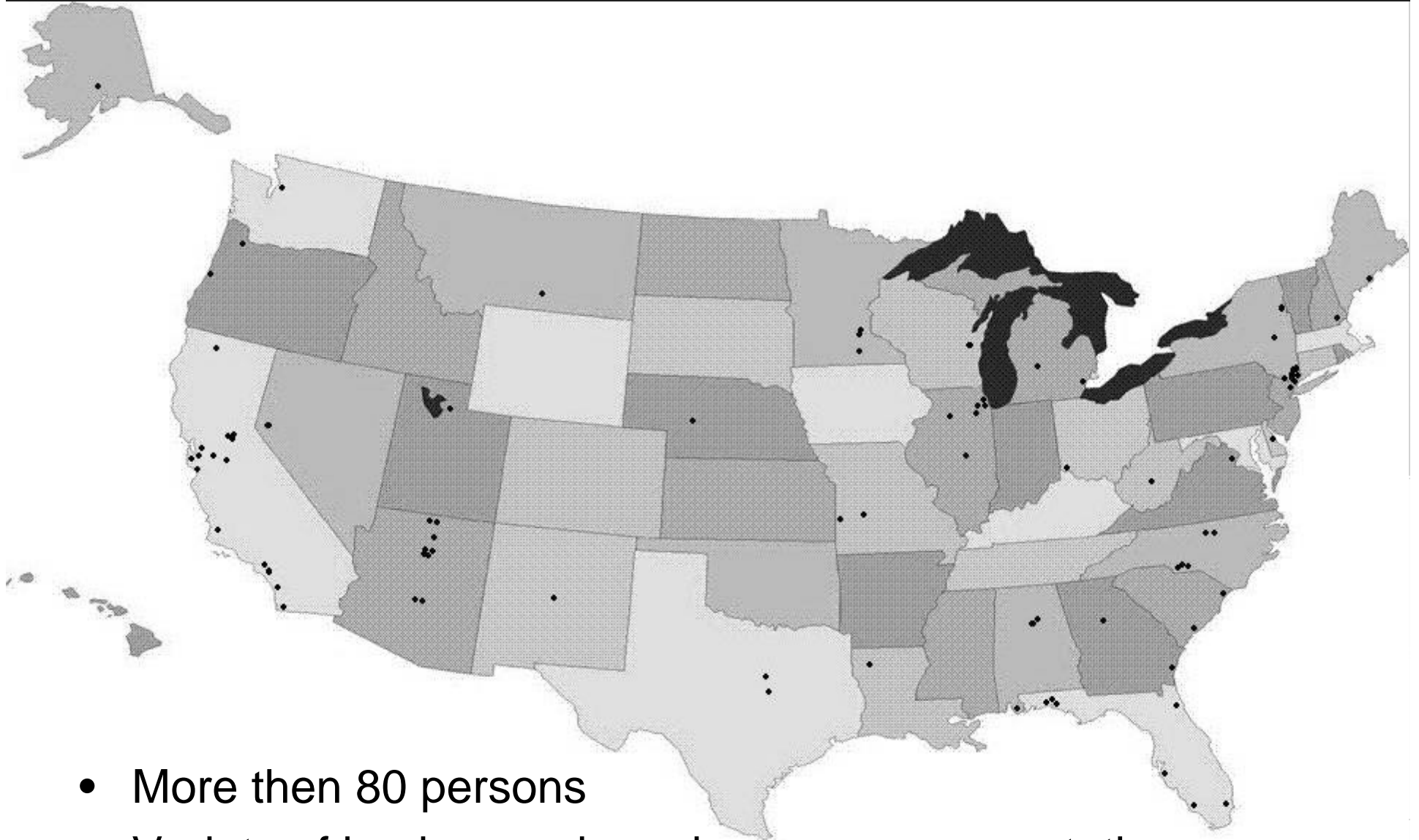
- 20 members
- Represent diverse hospital functions ....and sizes
- Navy Medicine involvement
- “Volunteers”
- Develop the concepts
- Participate and review the writing

# The Ex-Officio Group





# The Secondary Review Group (SRG)



- More than 80 persons
- Variety of backgrounds and agency representatives
- Review products and provide structured feedback

# The Project Management Team



- Craig DeAtley PA-C
  - Skip Skivington
  - Mitch Saruwatari
  - Noemi de Guzman
- Support personnel from both partners
  - Develop work products
  - Facilitate the meetings

# The Process Being Followed

- Research being done by Contract Group
- Draft materials being crafted by the National Work Group (NWG) and Contract group
  - Teleconferences
  - Meetings (2-3 days; 4 meetings held to date)
  - Email exchanges
- Materials selectively reviewed by the Secondary Review Group
  - Email and intranet survey (3)
- Modifications made and NWG approves material
- Materials given to medical editors and educational curriculum specialist
- EMSA given final copy

# Highlights of the Work Phases

- Phase I
  - Define HICS
  - Revise the Organizational chart
  - Revise and create new JAS
  - Review best practices in emergency management incident command
  - Create draft Implementation Manual
    - Describe operational implementation of HICS
    - Incorporate HICS into scalable hospital practice

## Phase II

- Finalize Implementation Manual
- Establish training materials
  - Based on Implementation Manual
  - Modular
  - Bite-sized pieces
  - Classroom and computer based format being explored
- Develop instructor credentialing strategy



# Work Based on 14 External and 13 Internal Scenarios

- 
- |   |  |
|---|--|
| 1. 10-Kiloton Improvised Nuclear Device       | 1. Bomb Threat   |
| 2. Aerosol Anthrax                            | 2. Evacuation, Complete or Partial Facility            |
| 3. Pandemic Influenza                         | 3. Fire  |
| 4. Plague                                     | 4. Hazardous Material Spill                            |
| 5. Blister Agent                              | 5. Hospital Overload                                   |
| 6. Toxic Industrial Chemicals                 | 6. Hostage/Barricade                                   |
| 7. Nerve Agent                                | 7. Infant/Child Abduction                              |
| 8. Chlorine Tank Explosion                    | 8. Internal Flooding                                   |
| 9. Major Earthquake                           | 9. Loss of Heating/Ventilation/Air Conditioning (HVAC) |
| 10. Major Hurricane                           | 10. Loss of Power                                      |
| 11. Radiological Dispersal Devices            | 11. Loss of Water                                      |
| 12. Bombing Using Improvised Explosive Device | 12. Severe Weather                                     |
| 13. Food Contamination                        | 13. Work Stoppage                                      |
| 14. Cyber Attack                              |  |



# Tool Chest Materials

- Incident Management Action Cues
- Incident Planning Guides
- Examples of HICS “build out”

# Some Complimentary Educational Programs

- EMI is working on revised NIMS courses for hospitals
  - IS 100 and 200
  - Healthcare Management Course
- The Veterans Administration has done some beneficial work
  - Core competencies for decision makers
  - Emergency Management Guidebook

# Now About NIMS Compliance

- No definitive federal guidance has been published
- There is seeming misunderstanding by some that existing guidance pertains to hospitals
- HEICS IV NWG has provided recommendations to the NIC
- NIMS compliance will be broad based and NOT limited to organizational charts
  - Training
  - Planning
  - Resource management
  - Documentation
- Guidance is expected to be released momentarily
- HRSA will be including expectations in 2007 guidance

# About Those Rumors



- Hospitals DO NOT have to dump HEICS to be NIMS compliant!!
- HICS will have a different organizational chart..... is true
  - Simpler and smaller
  - Will provide more flexibility/adaptability
  - Based on traditional hospital practices
- JAS will have additional sections
  - Extended operations and recovery sections added
  - Recommended tools

# Commonly Asked Questions

- Do I have to use HICS?
  - No but.....
- What is the big differences between HEICS III and HICS?
  - Revised organizational chart
  - Revised and expanded JAS
  - New/better documentation
  - More hospital and all hazards centric
  - Guidance on becoming NIMS compliant
- When can I expect to get the materials?
  - Fall 2006
- Where will I get the materials from?
  - For now EMSA but.....
- Will the package cost anything?
  - There is no cost currently anticipated
- Will instructors have to be certified
  - Maybe!!

# More Questions !!!

- Should I do HEICS III training now or wait?
  - You have a start now but not all of what you need
  - JCAHO still recognizes HEICS III
  - More training is better then less
- Why is my state telling me I have to do NIMS training by the end of August- why?
  - There is confusion on the part of some officials
  - State can establish their own requirements
  - Clarifying letter from the NIC/HRSA to state EMA Directors has been asked for
- Will HICS educational materials help my hospital meet the NIMS training requirements?
  - They will reinforce the expected NIMS tenants and the educational materials are being designed to meet “or equivalent” option



# And Finally, Even More Questions !

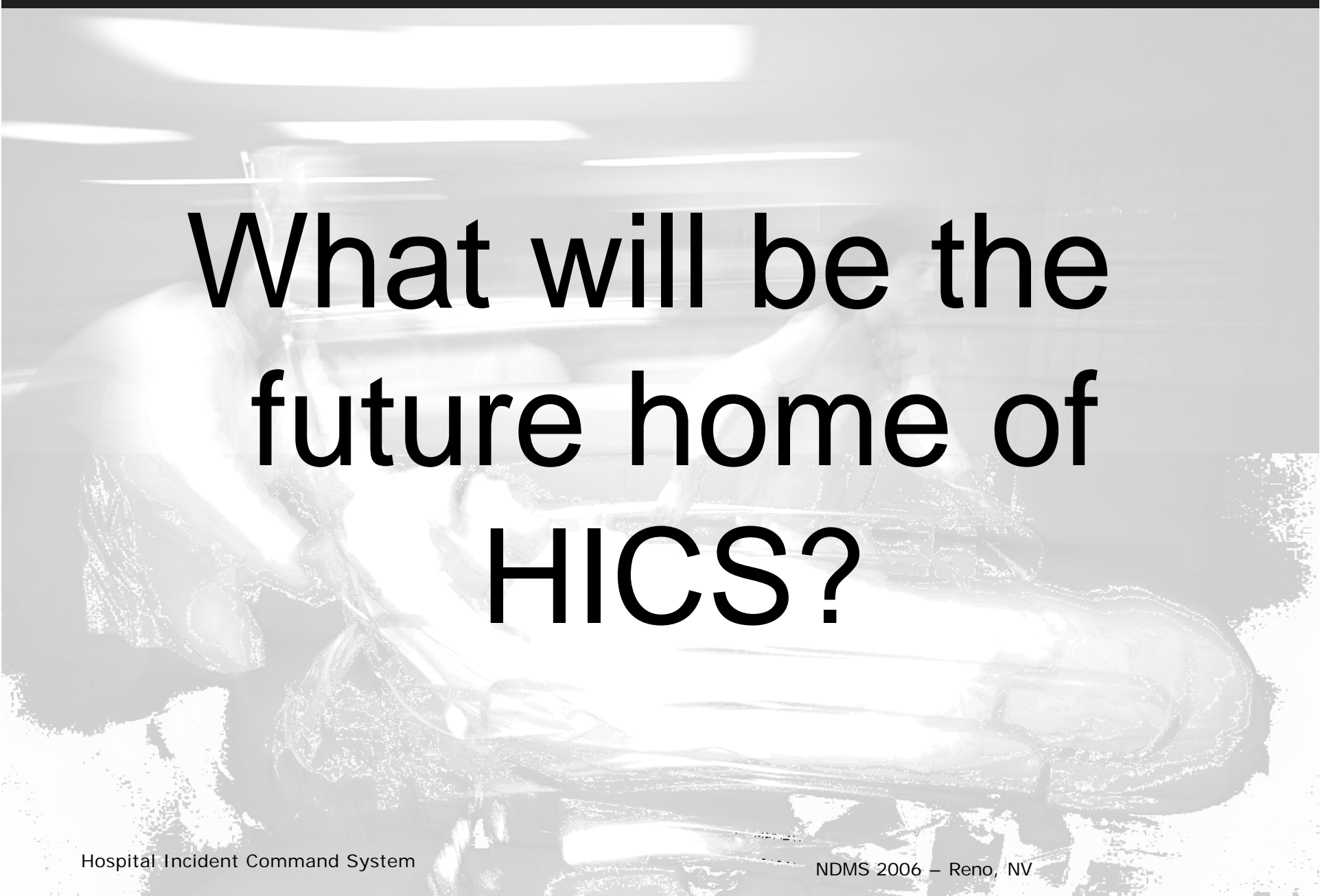
- What about an IMS for healthcare facilities?
  - HICS will only addresses ICS for hospitals
  - Potential ICS for non-hospital healthcare facility programs dependent on future funding
- How can hospitals track HICS progress and ultimate release information?
  - Information will be posted monthly on the EMSA website at [www.emsa.ca.gov](http://www.emsa.ca.gov)
- Will HICS lead to credentialing of specific HCC positions?
  - No. Hospitals will continue to select and train designated HCC responders
- Have any products been released that have been sanctioned by EMSA that are related to HEICS?
  - No.

# Summary



- HICS is coming Fall 2006 – better, more comprehensive guidance and response tools
- Will address the incident management needs of hospitals large and small
- Will help to insure you meet JCAHO and NIMS compliance expectations for Incident Management
- Better prepare your staff to successfully manage any kind of an incident

## One Final Question!



# What will be the future home of HICS?

# Questions?



Contact the California EMS Authority HEICS IV Project Manager,  
Lisa Schoenthal at [lschoenthal@emsa.ca.gov](mailto:lschoenthal@emsa.ca.gov)

